

Seclusion and Restraint Reduction Intervention Advisory Council Meeting Minutes

February 19th, 2009 at 1:30 pm

Location: VSH Library

Type of meeting: Advisory

Facilitator: Ed Riddell, Alternatives to Seclusion and Restraint Coordinator at VSH

Note taker: Ed Riddell

Advisory Council Members: Cathy Rickerby, NAMI Vermont; Ed Paquin, Vermont Protection and Advocacy; Bill McMains, DMH; Patrick Kinner; Scott Perry; Terry Rowe; and Janet Isham.

Members: Absent: Jane Winterling, David Mitchell, Anne Jerman, John O'Brien, and Tom Simpatico.

Attendees: Michael Sabourin and Laura Ziegler

Discussed: Welcome and Introductions

Ed Riddell opened the meeting and welcomed all attending members and guests. ER presented the minutes from the previous meeting and asked if there were any changes needed. No changes were voiced and Cathy Rickerby motioned to accept the minutes. Scott Perry seconded and the motion carried unanimously.

Discussed: Kickoff Celebration Fair Report

ER provided a report on the success of the Fair. Approximately 110 consumers, staff, and others attended. The Jan. 28th two hour presentation with patients and staff went well and reached out to an estimated 35 patients, staff, and students who discussed the Six Core Strategies and the Violence Prevention Community Meeting project. Deb Budreau, a Brook's One unit nurse, did an excellent job in facilitating the VPCM discussion. Attending consumers provided a lot of input about their views of restraint and seclusion and how to reduce their use at VSH. The Jan. 29th 10 hour event for staff and others was discussed as well. Approximately 75 staff and community members walked through the VSH Library and observed 8 different presentations. Each of the six core strategies, the VPCM, and a thought wall were displayed. Many good conversations were had about emergency procedures, history, and where VSH will go in the future. Both events were highlighted by refreshments created by the Patient's Cooking group. ER asked this group to collaborate on the project and their menu of creations was a huge addition to the events. Thanks go out to the volunteers and planners whose help was invaluable in creating these two interventions.

Discussed: OTA/NTAC/NASMHPD/SAMHSA Consultant's Site Visit

Nan Stromberg and Liz Kinkead were able to visit VSH in the second week of January. Most of Advisory Council members participated in parts of the visit so ER did not discuss their visit in depth. ER did ask for the impressions of the non-VSH staff members in regards to how they thought the visit went. Ed Paquin shared that he thought the consultants asked good questions. He

found them to be serious and straight to the point during their discussion. Cathy Rickerby sensed that they were fair in their appraisals. CR asked that the report the OTA generates be provided to the AC. Terry Rowe explained that the hospital will review it and then present it to the AC with all due consideration being provided to the VSH in this process.

Discussed: S/R/EIM Statistics for VSH

ER asked SP to lead the discussion about the monthly reported use of seclusion, restraint, and emergency involuntary medications. SP spoke to the variable factors that had contributed to the reported use of emergency involuntary procedures during the reported year. A guest, Michael Sabourin, asked if the data has outliers taken out. SP reported that it does not. A guest, Laura Ziegler, asked if VSH tracked by diagnosis. SP responded that it can be done with current data, but it is not currently available as a report. SP explained that diagnosis is one of several SAMHSA recommended data points and that VSH is trying to develop the SAMHSA recommendations. Janet Isham asked why a reported increase in emergency involuntary procedures occurred in January 2009. SP explained that several persons with violent and complex character disorders were residing on the same unit. TR addressed this issue and reminded members that depending on a patient's gender and violent history/presentation, only one of the three residential units might be available for admission and crisis stabilization treatment. People who are triggered in such environments and then are unable to be housed in a less stimulating environment will act out, and at times in an imminently dangerous way, contributing to the use of an emergency involuntary procedure. This is just one of several factors which caused more people to be placed in seclusion, restraint or receive an emergency involuntary medication. Patrick Kinner reminded members that the graphs also showed how many different individuals were involved in the reported events. TR provided additional information about how the hospital had been forced to respond during this period by spending significant amounts on overtime and causing staff to have to work involuntary overtime to respond to the high acuity and need for safety. EP asked if the SAMHSA folks were asked about how to respond to such a problem, because they must be familiar with similar situations occurring in other places. PK said that he was not aware of any specific recommendations they had made during their recent visit. LZ expressed that she saw the hospital as an economy of scale. TR went on to list the number of activities and interventions that are currently active in the hospital. Some of these included; Pro-Act violence response training to start in March, training in trauma to be created and provided during the same period, Violence Prevention Community Meetings now occurring on all units, weekly hospital leadership meetings to review only the use of emergency procedures and recommend reduction interventions, and a total revision of the treatment planning process lead by the Director of Nursing, among others. MS asked about what was happening with the Treatment Mall. TR provided insight that treatment activities have continued uninterrupted even though patients are unable to use the new space and are stuck in the basement activities area next to the Brooks Rehabilitation unit. The new space will open again when approved by regulators or identified issues are fixed by BGS. PK informed members that observed patterns and trends identified the need for more treatment activities on units and in the evening/weekend time periods. These are being addressed and classes are being added to fill this need. LZ asked if anyone has asked the patients about what could be done in situations where many patients were acting out due to Borderline Personality Disorder. JI responded that with the VPCM being used facility wide that many of the patients are addressing each other in these meetings. LZ suggested that the corrections originated program Alternatives to Violence project be introduced. SP explained that Psychology Services was also addressing and developing better responses to violence through their work at VSH.

Discussed: Certificate of Need (CON) Audit presentation by Scott Perry

ER explained that the members had wanted an opportunity to review the narratives justifying the use of an emergency involuntary procedure in some current CONs. This is a follow up to training received earlier by the members. SP, in his capacity as Quality Assurance, presented an audit of CONs he has been doing for several months. SP briefly explained his audit procedure and then provided 7 CON narrative examples. SP explained how these examples were satisfactory or needed improvement. LZ asked about how a patient screaming on a unit was addressed and if that behavior was being addressed. JI provided many suggestions for working with a patient involved in this behavior. Many members agreed that yelling in itself was a trigger for many patients. A larger discussion was had among many members regarding debriefing activities with patients and staff after an emergency involuntary procedure occurs. TR explained that the two debriefings currently done with patients and staff can always be improved and she wondered how helpful it was to debrief a patient right after an event. CR asserted that debriefing is a critical practice. CR explained how debriefing is used in her work setting at a school. JI informed members that debriefing was being done among patients and staff during the VPCM's and PK added that this process provides a balance of power while discussing the event in a group. MS asked if staff is under the same scrutiny for increased use of emergency involuntary procedures that patients are. TR explained that we have to look at all factors and how we are addressing issues. VSH is a risk adverse environment so staff will react to preserve safety. EP asserted that all facilities must see acuity levels similar to VSH. EP asked if VSH is asking other hospitals what they are doing in responding to complex individuals. CR asked if VSH staff observe at other hospitals. TR responded that in current circumstances VSH does not have the ability to pay staff to observe at another facility.

SP continued his presentation. SP said that in the first quarter of the audited CONs he found 75% satisfactory narratives written by staff and then in the last three quarters he has found 85 to 90%. SP then began to discuss more of the provided examples. Bill McMains responded that he was glad that the CON audits were being done.

Discussed: Other Business

ER alluded to a lack of meeting time left and asked members to review the last few interventions in the Workforce Development strategic plan for VSH. Members should contact ER if they have any questions.

CR asked for clarification about whether members were going to be involved in a rules review process. ER apologized and explained that the rules review intervention is designed for staff to identify currently used rules and for the hospital leadership to provide guidance on rules enforcement. All of this to try to avoid conflicts initiated by rules enforcement that lead to seclusion or restraint events.

CR asked what rules the members could see. TR explained that all rules could be observed with a public information act application, but wondered what the members were looking for. ER suggested that as a rules review intervention progresses then AC members

would be updated and asked for input in the process, but that the SAMHSA suggested intervention called for the facility to conduct their own evaluation and determination of rules use going forward.

CR asked if she could see information on the Vera Hank's curriculum. ER will follow up with David Mitchell.

CR asked if she could independently contact the SAMHSA consultants for information about what other family members involved in the grant process are experiencing. CR was informed that she was free to contact anyone she wished.

CR asked for a staff directory of VSH. PK directed CR to ask Admissions staff on the way out of the hospital for a copy.

Public Comment

Neither guest had any comments.

Adjournment:

The meeting adjourned at 3:08 pm. The next meeting will be at **1:30 pm on Thursday, March 19th, 2009** on the right side of the VSH Library.

Respectfully submitted,

Ed Riddell
Minute taker